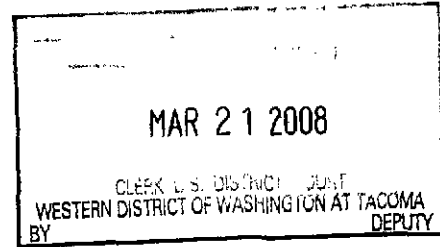


March 19,2008



Clerk of Court
3100 United States Courthouse
1717 Pacific Avenue
Tacoma,WA 98402

In The Matter Of:

GRAYS HARBOR ADVENTIST SCHOOL V CARRIER CORPORATION
CV05-5437

ONE

I object to the proposed settlement.

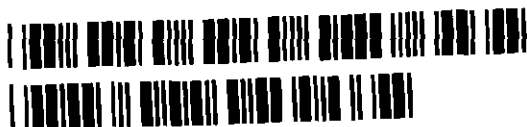
Reidsville Heating and Air Conditioning, Inc., informs me that I paid \$377.72 for labor for the CHX replacement. After viewing my personal check register, I have ascertained that I have paid \$1,601.98 to Reidsville Heating and Air Conditioning, Inc. between February 28, 2003 and September 24, 2004 for work performed on this unit. On November 12, 2007, I paid another \$90.00 for a service call because of malfunction, which still has not been identified. The unit has to be restarted manually by myself at least once or twice a day when in operation. I perform this by flipping an electrical breaker inside my house. Since the unit will not start overnight at times while my family is asleep, I have purchased a secondary portable infrared "SUNHEAT" heating system for \$502.00. In total I have incurred expenses of \$2,193.98, still do not have reliable heat from the Carrier unit and quite frankly do not know when this predicament will end. I would respectfully submit the CHX failure has over time caused damage to the entire Carrier unit.

TWO

Enclosures include the three page claim form requested and a copy of my last service call on November 12, 2007 from Reidsville Heating and Air Conditioning, Inc.

THREE

Neither my attorney or myself plan to attend the formal hearing.



05-CV-05437-LTR

Respectfully submitted,

Keith C. McKinney
Keith C. McKinney
112 Everett Lane
Providence, N.C. 27315

H(336)388-5797 W (336)694-9311 Ext. 233

Notice Administrator for United States District Court
PO Box 56636
Jacksonville, FL 32241-6636

Account ID: 00467533

* 3 6 5 - 4 6 7 5 3 3 - 5 8 4 9 2 4 *



18526 *****AUTO**3-DIGIT 273

KEITH MCKINNEY

112 EVERETT LN

PROVIDENCE, NC 27315-9615

CLAIM FORM **HIGH EFFICIENCY GAS FURNACE SETTLEMENT**

This Claim Form is to be used only to apply for compensation for repairs or replacements of a secondary, or condensing heat exchanger ("CHX") in a Carrier, Bryant, Payne or Day & Night high efficiency gas furnace ("CHEF") manufactured and sold since January 1, 1989 due to a CHX Failure. For purposes of recovery, CHX Failure is defined as (1) a condition where the CHX in a CHEF was no longer functioning properly, requiring the replacement of the CHX; or (2) a condition where the failure of the CHX in a CHEF to function properly was imminent, requiring the replacement of the CHX.

If you have received reimbursement or payment from Carrier or one of its distributors or dealers in connection with the repair or replacement of a CHX, you may still be eligible to file a claim but your cash payment may be reduced by this payment or reimbursement. For more details, visit www.FurnaceClaims.com.

CHEF furnace model numbers that are included in the lawsuit are:

Carrier			
58SX*	58DXC	58MXB	58MVP
58SXA	58MSA	58UVB	58MVB
58SXC	58MCA	58SXB*	58MTA
58DX*	58MXA	58VUA	58MTB
58DXA	58MCB	58VCA	58MVC
Bryant/Payne/Day & Night			
398AAW*	350MAV	398BAZ	490AAV
398AAZ	340AAV	320AAZ	PG9MAA
399AAW*	350AAV	321AAZ	PG9MAB
399AAZ	351DAS	355MAV	355CAV
399AAV	355BAV	355AAV	340MAV
345MAV	355BAV	352MAV	398BAW*
352AAV			

*Note: On model numbers 58SX, 58DX, 58SXB, 398AAW, 399AAW, and 398BAW only those with serial numbers 89 or higher in the third and fourth position (i.e. xx89xxxxx) are included in the settlement.

Certain documentation is required for reimbursement or payment from Carrier under this Settlement. If you are unable to locate this documentation you may contact your Carrier dealer for help in obtaining this information. You may also contact the Class Counsel at 1-800-949-0570 or email them at furnacehelp@lchb.com.

QUESTIONS? CALL 1-866-517-2490 OR VISIT WWW.FURNACECLAIMS.COM

1. CLASS MEMBER INFORMATION.

Name and mailing address (required):

Keith C McKinney
Name

Business Name (if applicable)

112 Everett Lane
Number and Street

City

Providence, N.C.
State27315
Zip Code

Telephone Number:

(336) 388-5797; Email Address (optional): _____**2. REQUIREMENTS OF CLAIM FORM.**

In order to be eligible to receive a cash payment you must be in one of the following two categories. Please check which category applies to you:

☒ Class Members who suffered a CHX Failure and replaced the failed CHX with a new CHX in the existing furnace.

☐ Class Members who suffered a CHX Failure and decided to replace the CHEF with a new Furnace.

If you check either of these BOXES, please complete the remaining sections of this Claim Form.

3. REQUIREMENTS FOR CLASS MEMBERS WHO SUFFERED A CHX FAILURE AND REPLACED THE FAILED CHX WITH A NEW CHX OR REPLACED THE CHEF UNIT.

List Serial Number or please attach proof of purchase of Carrier CHEF that suffered the CHX failure or was replaced: 1694A17137

Model Number of original CHEF that suffered the CHX failure or was replaced: Carrier 58MXA

Date of Purchase of original CHEF: 05 / 28 / 94
Month Day Year

The name and address of the company that replaced the failed CHX or replaced the CHEF unit:

Reidsville Heating & Air Conditioning, Inc.
648 South Scales Street
Reidsville, N.C. 27320

Date that the failed CHX or CHEF was replaced: 12 / 19 / 03
Month Day Year

Account ID: 00467533

4. ADDITIONAL REQUIREMENTS FOR CLAIM TO BE APPROVED.

Please attach one of the following documents: Invoice, cash register receipt, cancelled check, credit card receipt, or other documentation showing labor costs of replacing the failed CHX with a new CHX or new CHEF unit. If you do not have this information, you may still submit a Claim Form. The claims administrator will attempt to ascertain whether you are eligible for a payment by searching Carrier's warranty database.

5. SIGN AND DATE THE CLAIM FORM.**DECLARATION OF PENALTY OF PERJURY STATEMENT**

By signing and submitting this Claim Form, each person affirms under penalty of perjury that he or she: (a) is a member of the Settlement Class as defined in the Notice, or is acting for such a person under a power of attorney or as an executor, administrator, or heir; (b) has not filed a request to be excluded from the Settlement Class; (c) desires to participate in the proposed Settlement; (d) warrants that he or she is the only person entitled to receive the settlement amount.

Under the penalties of perjury, I affirm that I suffered a CHX failure and replaced the CHX with a new CHX or replaced the CHEF with a new furnace and did not receive reimbursement or payment from Carrier or, one of its dealers or distributors for the labor incurred in replacing the failed CHX or a credit or allowance from Carrier or, one of its distributors or dealers in connection with the replacement of the furnace, such as Carrier's trade-in allowance program, an extended warranty or a WTY program, or I have received reimbursement for labor incurred or a credit or allowance for a new furnace in the amount of \$ _____ (or approximately \$ _____ if not known).

Keith C. McKinney
Signature

Keith C. McKinney
Print Name

03 / 19 / 08
Month Day Year

6. MAIL YOUR CLAIM FORM.

In order to receive any cash payment from the settlement, you must submit a claim form online or mail your completed and signed claim form by first class mail, postage prepaid, postmarked by **August 1, 2008** to:

Furnace Claims
PO Box 56636
Jacksonville, FL 32241-6636

REMINDER: If you fail to submit this Claim Form, properly completed together with any required documentation, postmarked on or before August 1, 2008, you will be precluded from receiving any money from the Settlement of this litigation.

COPIES: You are urged to make and retain a copy of this Claim Form and of all documentation that you submit with it.

QUESTIONS? CALL 1-866-517-2490 OR VISIT WWW.FURNACECLAIMS.COM



**REIDSVILLE HEATING &
AIR CONDITIONING, INC.**

648 South Scales Street
Reidsville, NC 27320

(336) 349-2447

DATE BILLED 12/27/07

NAME _____

STREET Providence STATE NC ZIP 27315

DIAGNOSTIC / MAINTENANCE CHECKLIST

- GAS BURNER / FURNACE**
- Burner Assy. _____
 - Venting Assy. _____
 - Thermostat _____
 - Filter _____
 - Blower Assy. _____
 - Electrical Wiring _____
 - Operation _____
 - Furnace Drain _____
 - Gas Piping _____
 - Safeties _____
 - Vacuum Hoses _____
 - Primary Voltage _____
 - Secondary Voltage _____
 - Ductwork _____
 - Motor Amps _____
 - Electrical Components _____
 - Heat Exchanger _____
- AIR CONDITIONER / HEAT PUMP**
- Thermostat _____
 - Filter _____
 - Drain Line _____
 - Piping & Insulation _____
 - Electrical Wiring _____
 - Condensor Coil _____
 - Condensor Fan Motor _____
 - Motor Amps _____
 - Compressor Amps _____
 - Electrical Components _____
 - Primary Voltage _____
 - Defrost Control _____
 - Secondary Voltage _____
 - Operation _____
 - Freon Charge _____
 - Ductwork _____
 - Indoor Temp. _____
 - Outdoor Temp. _____
 - Suct. Press. _____
 - Head Press. _____

RECOMMENDATIONS:

Date 11/2 Technician SM In _____ Out _____ Ticket # 09320
Service Location Keith McKinney Providence
Phone _____ Alt Phone _____
Make _____ Model # _____
Serial # _____ Product # _____

REPAIR CODE	REPAIR DESCRIPTION	REPAIR AMOUNT
	<u>Cycled thru 3 times. Cleared</u>	
	<u>sensors. Checked sensor & drive</u>	
	<u>Secondary Heat Exchanger</u>	
	<u>Replaced Sec. Heat Exchanger</u>	
	<u>Shut down</u>	
	<u>Warranty claim #</u>	
	<u>Heat Exchanger covered under warranty</u>	
	<u>(20 yrs)</u>	
	<u>labor covered under service blanket</u>	
	<u>12/7/07</u>	
After Hours	Sat. Sun. Diagnostic Charge	<u>90.00</u>
Date	Freight Charge	
	TOTAL	<u>\$90.00</u>

REPAIR AUTHORIZATION:

Customer has _____ Authorized _____ Declined _____

Customer Purchase Order # _____

CUSTOMER SIGNATURE _____

Amount Paid _____

Amount Due _____

TERMS: Payment due when services rendered. A service charge will be added if not paid within 10 days.

Thank You

VISA _____ MC _____ Cash _____ Check _____

Card # _____

Exp. Date _____ Check # _____

All Repairs Are Warranted For One Year Materials & Labor